

LOBBYIST REPORT
(Government Code Section 86113)

1/2

FORM 615
1990

REPORT COVERS PERIOD FROM 10/01/2009 THROUGH 12/31/2009

IMPORTANT: This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.

FOR OFFICIAL USE ONLY

A AMENDMENT 001

B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

NAME: (Last) (First) (M.I.)
KLINE TERESA

NAME OF FIRM, EMPLOYER, OR COALITION:

CALIFORNIA MEDICAL ASSOCIATION

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) TELEPHONE NUMBER:
SACRAMENTO CA 95814

MAILING ADDRESS: (If different than above)

PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)

☒ I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
		\$		\$
		\$		\$

☐ If more space is needed, check box and attach continuation sheets

PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED (See instructions on reverse.)

I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:

☐ Part II has been completed and is attached. ☒ I have nothing to report.

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

C

D

E

F

EXECUTED ON (DATE)

AT (CITY AND STATE)

BY (SIGNATURE OF LOBBYIST)

01/20/2010

SACRAMENTO, CA

TERESA KLINE

AMENDMENT TO LOBBYING DISCLOSURE REPORT

2/2

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT
TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:
TERESA KLINE

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)

CALIFORNIA MEDICAL ASSOCIATION

BUSINESS ADDRESS OF FILER: (Number and Street) (City) (State) (Zip Code)
SACRAMENTO CA 95814

TELEPHONE NUMBER:

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F615 executed on 01/20/2010
(Mo. - Day - Year)
for the period 10/01/2009 to 12/31/2009.

2. Amended information affects items on Part(s) VERIFICATION Section(s) _____.

3. Describe changes below.

USED THE WRONG LAST NAME FOR THE LOBBYIST SIGNATURE

VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
01/20/2010

At (City and State)
SACRAMENTO, CA

By (Signature of Filer)
TERESA KLINE

Name of Filer (Type or Print)
TERESA KLINE

Title
ASSOCIATE DIRECTOR